

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584424

FILING DATE

6.22.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	4		1			
6	4		1			
7	4		1			
8	4		1			
9	4		1			
10	4		1			
11	4		1			
12	4		1			
13	4		1			
14	4		1			
15	4		1			
16	4		1			
17	4		1			
18	4		1			
19	4		1			
20	4		1			
21	4		1			
22	4		1			
23	4		1			
24	4		1			
25	4		1			
26	4		1			
27	4		1			
28	4		1			
29	4		1			
30	1		1			
31	1		1			
32	2		1			
33	2		1			
34	2		1			
35	2		1			
36	2		1			
37	2		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		1		
52		2		1		
53	1		1			
54	1		1			
55	1		1			
56	1		1			
57	1		1			
58	1		1			
59	1		1			
60	1		1			
61	1		1			
62	1		1			
63	1		1			
64	1		1			
65	1		1			
66	1		1			
67	1		1			
68	1		1			
69	1		1			
70	1		1			
71		4		1		
72		4		1		
73		4		1		
74		4		1		
75		4		1		
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						